



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$331014594	Contractual Allowance	\$278800734
Outpatient Patient Service Revenue	\$103798865	Other Deductions	\$17898846
Total Gross Patient Service Revenue	\$434813459	Total Deductions	\$296699580

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$138113879
Other Operating Revenue	\$629068
Total Operating Revenue	\$138742947

4. Operating Expenses

Salaries and Wages	\$31884455	Employee Benefits	\$8900698
Depreciation and Amortization	\$3839148	Interest Expense	\$2035727
Bad Debt	\$0	Other Expenses	\$62244215
Total Operating Expenses	\$108904243		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29838705	Total Assets	\$81427135
Net Non-operating Gains over Loss	\$480133	Total Liabilities	\$47837830
Total Net Gains	\$30318838		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$282912914	\$224679156	\$58233758
Medicaid	\$10207061	\$10353930	\$-146869
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$141693484	\$61666494	\$80026990
Total	\$434813459	\$296699580	\$138113879

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$126776	\$-126776
Community Education	\$0	\$20000	\$-20000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5210
Number of Citizens Exposed to Health Education Messages	75000

Statement Six: Charity Statement

Hospital Charity Charges	\$10943238
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$10943238	
HCI Payments	\$0		
Subtotal	\$0	\$10943238	\$-10943238
Medicaid Shortfalls	\$2796002	\$2068767	
Subtotal	\$2796002	\$13012005	\$-10216003
DSH Payments	\$0		
Subtotal	\$2796002	\$13012005	\$-10216003
Medicare Shortfalls	\$49378837	\$58535582	
Other Government Programs	\$0	\$0	
Total	\$52174839	\$71547587	\$-19372748

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$15000	\$-15000
Community Assessment	\$0	\$1000	\$-1000
Provision of Taxes	\$0	\$4730386	\$-4730386
Other Allocations	\$0	\$0	\$0